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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/039,565
		Filing Date	December 21, 2001
		First Named Inventor	STRINGER, A.M.
		Group Art Unit	Unknown
		Examiner Name	Unknown
Total Number of Pages in This Submission	6	Attorney Docket Number	717901.20

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):Declaration for Utility or Design Patent Application; return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks: <i>COPY OF PAPERS ORIGINALLY FILED</i>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Kevin M. Kercher, Reg. 33,408 Blackwell Sanders Peper Martin LLP
Signature	<i>Kevin M. Kercher</i>
Date	February 7, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Lori J. Dillon		
Signature	<i>Lori J. Dillon</i>	Date	2/7/02

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PTO/SB/81 (10-00)  
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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Not Yet Known
Filing Date	December 21, 2001
First Named Inventor	Stringer, Andrew Mark
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	717901.20

I hereby appoint:  
 Practitioners at Customer Number  
**OR**  
 Practitioner(s) named below:

27128

Place Customer  
Number Bar Code  
Label here

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all  
business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:  
 The above-mentioned Customer Number.

OR

Firm or  
Individual Name

Address

Address

City

Country

Telephone

State Zip

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.7.1.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Andrew Mark Stringer

Signature

*AS*

Date

9-1-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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**COPY OF PAPERS  
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FEB 26 2002

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**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$65.00)

*Complete if Known*

Application Number	10/039,565
Filing Date	December 21, 2001
First Named Inventor	STRINGER, A.M.
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Docket No.	717901.20

**METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **11-0160**Deposit Account Name **BLACKWELL SANDERS PEPPER MARTIN LLP**

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27.

2.  Payment Enclosed:

Check  Credit card  Money  Other Order

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		(\$0)	

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	0	
Independent Claims	-3** =	0	
Multiple Dependent			

\*\* or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL 2</b>		(\$0)

\*\* or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Entity Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	65
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month.	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					
<b>SUBTOTAL (3)</b>					65.00

\*Reduced by Basic Filing Fee Paid

(\$65.00)

**SUBMITTED BY***Complete (if applicable)*

Name (Print/Type)	Kevin M. Kercher	Registration No. (Attorney/Agent)	33,408	Telephone	(314) 345-6000
Signature	<i>Kevin M. Kercher</i>		Date	<i>February 7, 2002</i>	

03/05/2002 SMINASS1 00000019 110160 10039565

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PTO/SB/18 (08-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	717901.20
First Named Inventor	STRINGER, Andrew Mark
<b>COMPLETE IF KNOWN</b>	
Application Number	Not Yet Known
Filing Date	December 21, 2001
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  
**COMPUTER NETWORK PAYMENT SYSTEM**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YY)

06/21/2000

as United States Application Number or PCT International (if applicable).

Application Number

PCT/GB00/02413

and was amended on (MM/DD/YY)

12/21/2001

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/GB00/02413		06/21/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9914418.0	GB	06/22/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION □ Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label 27128 OR  Correspondence address below

**Name** Kevin M. Kercher**Address** Blackwell Sanders Peper Martin LLP**Address** 720 Olive Street, Suite 2400**City** St. Louis**State** Missouri**ZIP** 63101**Country** US**Telephone** 314-345-6000**Fax** 314-345-6060

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

 A petition has been filed for this unsigned inventor**NAME OF SOLE OR FIRST INVENTOR:**Given Name  
(first and middle [if any]) Andrew MarkFamily Name  
Or Surname StringerInventor's  
Signature 

Date 9-1-02

**Residence City:** Fareham, Hampshire**State****Country** GB**Citizenship** Great Britain**Mailing Address** 14 Berkeley Close, Hill Head**Mailing Address****City** Fareham, Hampshire**State****ZIP** PO14 3NW**Country** Great Britain**NAME OF SECOND INVENTOR:**Given Name  
(first and middle [if any])Family Name  
Or SurnameInventor's  
Signature

Date

**Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country** Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]